	Connecticut Department of Public Health Drinking Water Section												
Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Sour												
СТ0279033	36 KILLINGWORTH TNPK-LANTERN SQ-CLINT	ON			NC	25	Р	GW					
Local Address (	where applicable)	Residen	tial	Commercia	al Industri	al Combine	ed Agricultur	ral					
36 KILLINGWORTH TURNPIKE Connections 5													

Towns Served: CLINTON

Towns Served: CLINTON			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
DISTRIBUTION SYSTEM (4)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		<b>1</b> re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Other Cor	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	9/12/2010		
RESPOND TO SANITARY SURVEY	10/4/2015		
		·	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C					Population	Owner Type	Primary Source
CT0279033 36 KILLINGWORTH TNPK-LANTERN SQ-CLINTON					25	Р	GW
Local Address (	Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural	
36 KILLINGWOF	Connections	5					

Towns Served: CLINTON

Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>											
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	10/1/10 - 12/31/10	2	4/7/2011		4/17/2011						
Total Coliform M&R Violation	7/1/10 - 9/30/10	2	4/7/2011		4/17/2011						
Total Coliform M&R Violation	1/1/11 - 3/31/11	2	7/13/2011		7/23/2011						
Physical Parameters M&R Violation	1/1/11 - 3/31/11	3	6/12/2012		6/22/2012						

	Water System Facility and Sampling Point Inventory													
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ									
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α										
		UPSTREAM	WITHIN 5 SERVICE CON	Α										
00700	ENTRY POINT	3	ENTRY POINT	Α										
22836	WELL	2	WELL	Α		·	·							

	Contact Information												
Name		Organization	า		Job Title								
Mr. Michael Knudsen				Hamilton Gr	oup, LLC		Owner						
Mailing Address Lin	e One		Mailing A	ddress Line Two		City	State	Zip Code					
36 Killingworth Turi	npike-Lantern	Square				Clinton		СТ	06413				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress	·					
203-433-8052		203-643-	2285	860-575-4341		mike@h	amilton-grp.	com					

Contact Role(s): Administrative Contact, Legal Contact, Owner

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Water Quality Monitoring and Compliance Schodule											
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name		Classification   Population   Owner Type   Pr				Pri	mary Source				
CT0279044	INDIAN RIVER RECREATIONAL COMPLEX				NC	28	L		GW			
Local Address (	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed	Agricultural			
201 KILLINGW	ORTH TPKE	Connections			3							

Connecticut Department of Public Health Drinking Water Section

Towns Served: CLINTON						
N	Nonitoring Requ	irement	:s			
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
Total Coliform (3100)				1 r	routine (RT)	per month
Sampling Point (Sampling Point ID)	I	Monitoring	Period Co	ollection Perio		nce Status
Select from Inventory of Active Sampling Points		11/1/18 - 11	1/30/18		Cor	nplete
		12/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 1/	/31/19		Cor	nplete
		2/1/19 - 2/	/28/19		Cor	nplete
		3/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 4/	/30/19		Cor	nplete
		5/1/19 - 5/	/31/19			
		6/1/19 - 6/	/30/19			
		7/1/19 - 7/	/31/19			
		8/1/19 - 8/	/31/19			
		9/1/19 - 9/	/30/19			
	-	10/1/19 - 10	0/31/19			
Physical Parameters (PPS)				1 r	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	nce Status
DISTRIBUTION (4)	-	11/1/18 - 11	1/30/18		Cor	nplete
	-	12/1/18 - 12	2/31/18		Cor	nplete
		Cor	nplete			
		2/1/19 - 2/	/28/19		Cor	nplete
		3/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 4/	/30/19		Cor	nplete
		5/1/19 - 5/	/31/19			
		6/1/19 - 6/	/30/19			
		7/1/19 - 7/	/31/19			
		8/1/19 - 8/	/31/19			
		9/1/19 - 9/	/30/19			
	-	10/1/19 - 10	0/31/19			
Water System Facility: ENTRY POINT (WSF ID:	00700)					
Nitrate And Nitrite (NOX)				;	1 routine (R	「) per year
Sampling Point (Sampling Point ID)	1	Monitoring	Period Co	ollection Perio	d Complia	nce Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	nplete
		1/1/19 - 12	/31/19		Cor	nplete
		1/1/20 - 12	/31/20			
Publi	ic Notification R	equiren	nents			
	Compliance	Notice	Public No	otification	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform MCL Violation	8/1/14 - 8/31/14	2	10/25/2014		11/4/2014	
-				_		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source				
СТ0279044	INDIAN RIVER RECREATIONAL COMPLEX				NC	28	L	GW				
Local Address (	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural				
201 KILLINGWO	ORTH TPKF	Connections			3							

Connecticut Department of Public Health Drinking Water Section

Towns Served: CLINTON

		,	Water Sy	stem Fac	ility and S	Sampling Po	int Ir	nvento	ry		
Water System Facility ID	-	stem Facility		Sampling Poi	nt Sampling Descriptio		Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP
00600	DISTRIBU	JTION SYSTEM		4	DISTRIBUT	ION	Α				
				DOWNSTREA	M WITHIN 5	SERVICE CON	Α				
				UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700	ENTRY P	TNIC		3	ENTRY PO	INT	Α				
53240	WELL 1			2	WELL 1		Α				
				Co	ontact Info	ormation					
Name					Organization					Job Title	
Clinton											
Mailing Ad	ldress Lin	e One		Mailing Addr	ess Line Two			Ci	ity	State	Zip Code
						1					
Business	Phone	Extension	Fax	Mo	obile Phone	Emergency Pho	ne En	nail Addre	SS		
Contact Ro	ole(s): O	wner									
Name	. , ,				Organization					Job Title	
Mr. Bruce	N. Farme	er			Clinton			Firs	st Selectma	n	
Mailing Ad	dress Lin	e One		Mailing Addr	ess Line Two			Ci	ity	State	Zip Code
Town Hall				54 East Main	Street		Cli	nton		CT	06413
Business	Phone	Extension	Fax	Mo	obile Phone	Emergency Pho	ne En	nail Addre	SS		
860-669	9-9333		860-669-0	0890			bfa	armer@cli	intonct.org		
Contact Ro	ole(s): Ac	lministrative (	Contact, Leg	al Contact							

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

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	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name Classification Population Owner Type Primary So								imary Source				
CT0279054	CHAMARD VINEYARDS				NC	40	Р		GW				
Local Address (where applicable) Service Resid					Commercia	al Industri	al Com	ined	Agricultural				
115 COW HILL R	OAD			1									

Towns Served: CLINTON

Monitori	ng Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)						
Total Coliform (3100) 1 routine (RT) per qua							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Physical Parameters (PPS) 1 routine							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)	1 re	outine (RT) per year					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status				
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete				
	1/1/19 - 12/31/19		Complete				
	1/1/20 - 12/31/20						

	Wat	ter System Facili	ty and Sampling P	oint Ir	ventor	у			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP .	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		C1001	PUBLIC RESTROOM A	Α	Υ				
		C1002	PUBLIC RESTROOM B	Α					
		C1003	KITCHEN RESTROOM	Α	Υ				
		C1004	KITCHEN SINK A	Α	Υ				
		C1005	KITCHEN HANDWASH A	Α	Υ				
		C1006	BUTLER SINK A	Α	Υ				
		C1007	ICEMAKER A	Α	Υ				
		C1008	TANK ROOM SINK A	Α	Υ				
		C1009	TANK FAUCET A	Α	Υ				
		C1010	LAB SINK A	Α	Υ				
		C1011	SERVICE SINK A	Α	Υ				
		C1012	BARN RESTROOM A	Α	Υ				
		C1013	BARN RESTROOM B	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
60219	WELL 1	2	WELL 1	Α					

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Water Quality Monitoring and Compliance Schedule								
PWS ID PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT0279054 CHAMARD VINEYARDS					NC	40	Р	GW
Local Address (w	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural	
115 COW HILL R	Connections			1				

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation				
Name Organization						Job Title			
Mr. Jonathan Roth	berg			Chamard Vin	eyard, Inc.				
Mailing Address Lin	e One		Mailing Add	ng Address Line Two			City	State	Zip Code
530 Whitfi				eld Street G			Guilford		06437
<b>Business Phone</b>	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
203-535-8770									
Contact Role(s): Le	gal Contact								
Name				Organization			Job Title		
Ms. Charles Beckius				Charmed Vineyards			Property Manager		
Mailing Address Line One Mailing Ad			Mailing Add	ress Line Two		City		State	Zip Code
115 Cow Hill						Clinton		СТ	06413
Business Phone	Extension	Fax	Mo	obile Phone	pile Phone Emergency Phone I		dress		
203-535-8770									
Contact Role(s): A	dministrative C	ontact	1						

## Please note the following:

Towns Served: CLINTON

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End of schedule